

its articles of incorporation, it proposes to teach practically all known and unknown sciences. Among the hundred or more subjects noted are materia medica, gynecology, otology, urology, pathology and syphilis. How they will teach some of these chiropractically is not stated. The "Fountain News" says, "California is now busted wide-open." Ponzi made a mistake in starting in Massachusetts. He should have come to California.

Vote No on Number 5 and inform all your friends to do likewise. Educational standards in California must be maintained for the protection of the public health.

RUNNERS! HAVE YOU MET THEM?

"Runners" is a name sometimes applied to certain types of individuals who are out to make money, and who are not particularly concerned with the honesty of their methods.

One type of runner is the person who accompanies the workman injured in the industries, and poses as his friend, countryman, representative, interpreter, or the like. The runner pretends to be interested only in the return of the injured man to health. As a matter of fact these persons are often most concerned with the compensation end of the case and it is hardly possible to learn just how much of a given settlement goes to the injured man and how much to "his friend," the runner.

Every means may be used to exaggerate, to prolong, or to falsely impute the origin of, the disease or disability. They work for lump-sum settlements, the return of the patient to his native land, and the like. One runner recently made a proposition to a member of the State Society, to the effect, that should the physician change the report of his findings in a suitable manner, instead of the patient's being returned to work with dispatch, a cash settlement of some \$3200 might be obtained! This runner has been suspected of fraudulent practices by many doctors and insurance carriers for some time; he is at present under investigation by the Industrial Accident Commissions of two states.

It is but seldom that the fraud is gross or clumsy. It is with some frequency, however, that a runner takes an injured man in tow from the time of accident until final settlement of the case; and, during the period of medical observation and treatment, he may seriously handicap the obtaining of accurate and true histories, and the institution of proper treatment. If a given examiner's report does not favor the scheme of these men, they approach numerous others for newer examinations, until they may be possessed of the desired data.

The injured man has full right to the aid of any person he may see fit to choose, to look after his interests; with the proviso, that the representative be honest in his dealings. Accident Commissions and Insurance Carriers are making their own special studies of the fraudulent runner. What should be the attitude of the physician? The doctor should avoid undue familiarity with runners. He should tell them very little concerning the status of the injured man. He should

not allow them to be present during his examinations, excepting when they are absolutely necessary as interpreters (if there be suspicion, an uninterested interpreter may be secured from proper sources). A physician should extend the ethics of his more private practice to the insurance type of case; he should consult his professional brothers who have already examined the case, before making his observations and reports. Surely, all should search for the facts and nothing but the facts.

Force the runner's issue. If he is not pleased with your findings express your willingness to consult with a physician of his choosing. If such consultation results in disagreement, let a third physician agreeable to both examiners make observations and join in a final consultation.

These remarks are a message to be on guard. The warning may suggest many methods of dealing with the problem. What has been your experience with these men?

THE THERAPEUTIC USE OF OXYGEN

Oxygen has been used in the treatment of disease for many years, both for empirical as well as for theoretical reasons. Its use has been decried by some on the ground that the partial pressure of oxygen in the alveolar air could not be increased, that the saturation of the hemoglobin was accomplished as fully at a lower pressure as at a higher, and that the presence of stronger oxygen concentrations in the alveolar air, if such were possible, would result in acute local irritation and inflammation. It has been said further, that even if there were some transitory benefit from oxygen administration, its effects were not lasting and the outcome was in no degree changed.

It is a matter of clinical experience that in pneumonias associated with cyanosis, oxygen administered even by the ordinary cone method, is attended and followed by relief of dyspnea, improved color, and mental relief in many cases. A recent paper by Rudolf¹ refers to the important work of Meltzer and others on the therapeutic use of oxygen, and shows conclusively that oxygen is of value "whenever a state of anoxemia exists." Such a state, for instance is found in mountain sickness, sickness due to altitude in flying machines, in poisoning by CO, nitrites and war gases. It is similarly of value in cyanosis from any cause as in certain pneumonias.

Rudolf properly condemns the ordinary cone method of administering oxygen as being wasteful and ineffective. He recommends the use of a small soft nasal tube through one nostril, the other nostril being rhythmically compressed during inspiration, and the mouth remaining closed. The use of an oxygen chamber is only possible on a large scale and at considerable expense. Rudolf quotes Meakins² who shows that the normal arterial blood is nearly 5 per cent. undersaturated with oxygen, while in pneumonia the "undersaturation" may amount to nearly 18 per cent. By giving oxygen with the Haldane apparatus he was able to increase the oxygenation in pneumonia to a point even above the normal.

1. Am. J. Med. Sci., July, 1920.

2. Brit. Med. Jour., Mch. 6, 1920.